MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4a)

03214

CERTIFICATE OF DEATH

Reg. Diat. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ethel May Benson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	Married.

6.(b) Name of husband or wife: Millard Benson

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Dec 24, 1888

8. AGE:

Years	Months	Days	If less than one day
56	2	10	hrs. min.

9. Birthplace: Talbot County. Md (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER

12. Name: Charles Shaw

13. Birthplace: Md

MOTHER

14. Maiden name: Rachael Ann Delahay

15. Birthplace: Md

16. Informant: Charles Benson

Address: Easton. Md.

17. Burial. Date thereof: Mch 7, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: New Chapel

Location: Near Easton Md

18. Funeral director: J. Ellis Clark

Address: Easton. Md.

19. 3/5 1945 N. H. Merrick

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1945, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cachexia	
Due to: Ca of the pelvis	
Due to: Vesicovaginal & Rectal stricture &	
Other conditions: Numerous Sinuses	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lovick Wells M.D.

M. D. or other

Address: Easton Md Date signed 3-7-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

03215

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Weeks
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 118 Aurora St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Lottie Mary Brown

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife: Asbury Brown
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace: Talbot Co. Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: Al. Benson
13. Birthplace: Talbot Co. Md.

MOTHER
14. Maiden name: Sarah Thomas
15. Birthplace: Talbot Co. Md.

16. Informant: Hattie Roberts
Address: Easton, Md. 118 Aurora St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 29, 1945 (month) (day) (year)
Cemetery or crematory: Richards
Location: Easton, Md.

18. Funeral director: T. Ellis Clark
Address: Easton, Md.

19. 3/28/45 (Date rec'd by registrar) N.H. Meiris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 19 45, at 9 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 16 1945, to March 26 1945
and that I last saw h— alive on March 26 1945

Immediate cause of death	DURATION
Chronic Endocarditis	2
Due to: Hypertension	4-5 Years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Raymond T. Pfeiffer M.D.
M. D. or other
Address: Easton, Md. Date signed: 3/27/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03216

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: West Lewis Town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Shirley Carter

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

B.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.): Jan 16, 1945

6.(c) If alive, give age ..... years

8. AGE: Years | Months: 2 | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Easton, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Walter Murray
13. Birthplace: Bellevue, Md

MOTHER
14. Maiden name: Katie Carter
15. Birthplace: Talbot County, Md.

16. Informant: Walter Murray
Address: Bellevue, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/31/45 (month) (day) (year)

Cemetery or crematory: Bellevue

Location: Bellevue

19. Funeral director: Newnam & Harrison

Address: St. Michaels, Md.

19. 3/30/45 (Date rec'd by registrar) M. H. Meekins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-30-1945, at 4:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1945 to March 30 1945 and that I last saw h alive on March 30 1945

Immediate cause of death	DURATION
Pneumonia	
Due to: Acute enteritis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Iden Baker M. D. or other

Address: Easton, Md Date signed 3/31/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

03217

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Jimmy Davis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 11, 1945.

8. AGE: Years	Months	Days	If less than one day
	1	5	..... hrs. ..... min.

9. Birthplace: Easton - Talbot. Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Mr. James E. Davis
13. Birthplace: Easton, Maryland.

MOTHER
14. Maiden name: Laura Saulsbury.
15. Birthplace: Trappe, Maryland.

16. Informant: Mrs. Laura Davis
Address: Easton, Maryland.

17. Burial, cremation, or removal. Which? Burial. Date thereof: 3/17/45 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.

18. Funeral director: T. Ellis Clark Co.
Address: Easton, Md.

19. 3/16/45 (Date rec'd by registrar) N. H. Meriss Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-16 19 45 at 6 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 19 45 to March 16 19 45
and that I last saw h.. alive on March 15 19 45

Immediate cause of death	DURATION
Malnutrition	2 weeks
Due to: Faulty feeding. cause.	
Due to	
Other conditions	

(Includn pregnancy within 3 months of death)

Major findings of operatinns
Date of op.
Antopsy results
PHYSICIAN: Please underline the canse to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Kurt Federer M. D.
M. D. or other
Address: Queen Anne Date signed 3/16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Dr Rec'd 03218

Reg. Dist. No. 27

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Rest of Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: James H. Dooling

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Lily Dooling
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1855

8. AGE:

Years	Months	Days	If less than one day
89	6	10	..... hrs. ..... min.

9. Birthplace: Wilmington, Delaware
(Town, county, and state)
10. Usual occupation: Farmer (Retired)
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace "
MOTHER 14. Maiden name: Mary Coates
15. Birthplace Unknown
16. Informant: Mrs. Melvin Oyman
Address: Trappe Md R5
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Mar 23 1945 (month) (day) (year)
Cemetery or crematory: Windy Hill
Location: Trappe (Rural) Md
18. Funeral director: Maurice E. Kenney Sons
Address: Easton, Maryland
19. Mar 23rd 1945 (Date rec'd by registrar) Joseph A. Roe Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 20th 1945 at 12 SD P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1945, to March 20 1945
and that I last saw h alive on March 10 1945

Immediate cause of death	DURATION
(a) Acute Myocarditis	2 days
Due to	
Due to	
Other conditions: Diabetes	2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Joseph A. Roe M.D.
Address: Trappe Md Date signed: 3/23/45

M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-A)

03219

CERTIFICATE OF DEATH

Reg. Dist. No. 794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Claiborne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Talbot Co.
City or town Claiborne Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John W. Dulin

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Lavinia J. Clifton
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 12 1857

8. AGE: Years	Months	Days	If less than one day
87			..... hrs. ..... min.

9. Birthplace Talbot Co. Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John W. Dulin Sr.
13. Birthplace Talbot Co. Md.
MOTHER 14. Maiden name Margaret Snow
15. Birthplace Talbot Co. Md.
16. Informant Miss Emma Dulin
Address Claiborne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 15, 1945 (month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton Md
18. Funeral director Newnam & Harrison
Address St. Michaels. Md
19. Mch 14 1945 (Date rec'd by registrar) Anna C Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1945, at 11:31 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1945, to Mar 13 1945
and that I last saw h.. alive on Mar 13 1945

Immediate cause of death	DURATION
Chronic Nephritis	?
Due to Arteriosclerosis	?
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J. H. Hoke M.D.
M. D. or other
Address St. Michaels Md Date signed 3/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03220

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot.
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 hrs. 40 min.
Hospital, Institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 4 hrs. 40 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Caroline.
City or town Federalsburg, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Baby Girl Fishell.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Infant.

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-45.

8. AGE: Years	Months	Days	If less than one day
			4 hrs. 40 min.

9. Birthplace Easton, Talbot Co. Maryland
(Town, county, and state)

10. Usual occupation
11. Industry or business

FATHER
12. Name Adrian A. Fishell
13. Birthplace Federalsburg, Md.

MOTHER
14. Maiden name Rosanna Krause
15. Birthplace Little Rock, Ark.

16. Informant Rosanna Fishell
Address Federalsburg, Md.

17. Cremation Date thereof 3/9/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Memorial Hospital
Location Easton, Md.

18. Funeral director Memorial Hospital
Address Easton, Md.

19. 3/9 19 45 N. H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1945 at 6 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/9 1945 to 3/9 1945 and that I last saw h... alive on 3/9 1945

Immediate cause of death	DURATION
Prematurity (6 1/2 months)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank M Anderson M.D.
M. D. or other
Address Federalsburg, Md Date signed 3/9/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

03221

CERTIFICATE OF DEATH

Reg. Diat. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Tilghman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Tilghman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Angie Sims Trumpton

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6.(b) Name of husband or wife: Jeff T. Trumpton
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 9-13-1864

8. AGE: Years	Months	Days	If less than one day
80	6.	8	hrs. min.

9. Birthplace: Tilghman Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: Own Home

FATHER
12. Name: Washington Gibson
13. Birthplace: Somerset Co Md.

MOTHER
14. Maiden name: Rebecca Williams
15. Birthplace: Caroline Co Md.

16. Informant: Mrs. Charles O'Dunstin
Address: Tilghman Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-23-45 (month) (day) (year)
Cemetery or crematory: Tilghman Methodist
Location: Tilghman Md.

18. Funeral director: J. E. Marshall
Address: St. Michaels Md.

19. 3-23-45 (Date rec'd by registrar)
J. T. Jansen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21 1945 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to March 21 1945
and that I last saw h[illegible] alive on March 21 1945

Immediate cause of death	DURATION
Valvular Heart Disease	34 Yrs
(Coronary Occlusion)	
Due to: Hypertension	5 Yrs
Due to: Arterio Sclerosis	8 Yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Guy M. Reese M.D.
M. D. or other
Address: Tilghman Md. Date signed March 21 1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03222

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Elizabeth Fredericks

3.(b) Social Security Number 216-03-6324

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Herman J. Fredericks
6.(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) May 16 1880

8. AGE:

Years	Months	Days	If less than one day
64	10	12	hrs. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Button hole maker.
12. Name of father John Bode
13. Birthplace
14. Maiden name of mother ✓
15. Birthplace
16. Informant Mrs Clarence E. Butler
Address Dover Street. Easton. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2 1945 (month) (day) (year)
Cemetery or crematory Holy Redeemer.
Location Baltimore, Md.
18. Funeral director Ellis Clark.
Address Easton. Md.
19. 3/30 1945 (Date rec'd by registrar) M. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1945 at 7:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1944 to Mar 28 1945
and that I last saw h alive on Mar 28 1945

Immediate cause of death	DURATION
Carcinoma of Cervix	3 yrs.
Due to	
Due to	
Other conditions Metastases to Lung Liver & Brain	3 mos.

(Include pregnancy within 3 months of death)

Major findings of operations no
Date of op. —
Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE O. W. C. L. Stevens M. D.
M. D. or other
Address Easton Md Date signed 3-30-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

(3223

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 das.

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 10 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Hammond Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Nelson Gubian

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80?			..... hrs. ..... min.

9. Birthplace Talbot Co. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER — 12. Name Unknown

13. Birthplace "

MOTHER — 14. Maiden name Unknown

15. Birthplace "

16. Informant Annie Coples

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/19/45 (month) (day) (year)

Cemetery or crematory Chapel

Location Easton, Md. R 1

18. Funeral director Earle W. Stafford

Address Easton Md.

19. 3/17 19 45 M. H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 19 45 at 4 55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 6 19 45, to Mar. 16 19 45

and that I last saw him alive on Mar. 16 19 45

Immediate cause of death

Cardiac Embolism — DURATION 15 Min.

Due to Carcinoma Stomach ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations C of S Stomach

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton Md. Date signed 3/21

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

03224

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Claiborne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Samuel J. Gray

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Drucilla Mumford
6.(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): April 1 1860

8. AGE: Years: 84 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Newark Md. (Town, county, and state)

10. Usual occupation: Night Yard Man, R.R. Co.

11. Industry or business:

FATHER
12. Name: Harry Gray
13. Birthplace: Newark Md

MOTHER
14. Maiden name: Nancy Wyatt
15. Birthplace: Newark Md

16. Informant: Otho Gray
Address: Claibornet Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 5 1945 (month) (day) (year)
Cemetery or crematory: Christ Cemetery
Location: St. Michaels Md

18. Funeral director: Newnam & Harrison
Address: St. Michaels Md

19. Mch 3 1945 (Date rec'd by registrar) Anna C Haynie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 1 1945 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1945 to Mar 1 1945 and that I last saw him alive on Mar 1 1945

Immediate cause of death	DURATION
Chronic Nephritis	
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hofe M.D.
M. D. or other
Address: St. Michaels Md Date signed: 3/2/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

13225

Reg. Diat. No.

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Entire life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Edith Elizabeth Greenwood

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6.(b) Name of husband or wife: William Greenwood
6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): May 15, 1906

8. AGE: Years 38 | Months 10 | Days 9 | If less than one day: hrs. min.

9. Birthplace: Trappe (Rural) Md (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Herbert Parrott
13. Birthplace: Trappe Md.

MOTHER — 14. Maiden name: Martha Powers
15. Birthplace: Trappe Md.

16. Informant: Mr. William Greenwood
Address: Trappe, Maryland. RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 27, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md.

18. Funeral director: Maurice E. Keeman Son
Address: Easton, Maryland.

19. Mar 26 1945 (Date rec'd by registrar) Joseph A. Coon M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 24 1945, at 1.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23rd 1945 to March 24 1945
and that I last saw her alive on March 23rd 1945

	DURATION
Immediate cause of death: Carcinoma of brain (Secondary)	3 mos.
Due to: Carcinoma of breasts	1938
Due to:	
Other conditions: Carcinoma of liver (Secondary)	(?)

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Coon M.D. M. D. or other
Address: Trappe Md. Date signed: 3/26/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age is shown on FILM No. G 9 4 MAY 15 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85a

CERTIFICATE OF DEATH

03226

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 days
Hospital, institution or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joseph Claude Haley

3.(b) Social Security Number 213-12-6768

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1904

8. AGE: Years	Months	Days	If less than one day
40 ~~41~~			..... hrs. ..... min.

9. Birthplace Bristol, Tennessee
(Town, county, and state)

10. Usual occupation Mason

11. Industry or business

FATHER
12. Name Lawrence F. Haley
13. Birthplace Altoona, Pa.

MOTHER
14. Maiden name Bessie Wright
15. Birthplace Martinsburg, W. Va.

16. Informant Mr. Herbert Haley
Address Oxford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/7/45 (month) (day) (year)

Cemetery or crematory Waynesboro
Location Waynesboro, Pa.

18. Funeral director Maurice E. Newman & Son
Address Easton Md.

19. 3/4 19 45 (Date rec'd by registrar) N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1945 at 8.55 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 20 1945 to Mar. 3 1945
and that I last saw h.. alive on Mar. 3 1945

Immediate cause of death	DURATION
Acute alcoholism	11 days
Sub dural hemorrhage	11 "
Bronchopneumonia	5 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis D. Krotz MD Dep Coroner M. D. or other
Address Easton Md Date signed 3-4-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

13227

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No. 118 So. Hanson St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME MARY JOHNSON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife: Isaac Johnson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 20, 1869

8. AGE: Years 75 | Months 8 | Days 25 | If less than one day: hrs. min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: ? Burr
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Frederick Johnson (Son)
Address: Easton, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) March 18 1945

Cemetery or crematory: Richards

Location: Easton, Md.

18. Funeral director: E. Ellis Clark

Address: Easton, Md.

19. 3/17 19 45 (Date rec'd by registrar) M. H. Meese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 19 45 at 7.15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 19 45 to March 15 19 45 and that I last saw h... alive on March 15 19 45

Immediate cause of death: Pulmonal Hemorrhage 4 days
Due to: Pulmonic Tuberculosis 2 years
Due to:
Other conditions: Gall Stones 10 yrs.
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harry J. Dr... M. D. or other

Address: Easton, Md. Date signed 3/17/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

03228

CERTIFICATE OF DEATH

Reg. Dist. No. 312

1. PLACE OF DEATH: Talbot.
County.....
City or town.....Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....2 years.
Hospital, Institution, or street address where death occurred:
.....
How long in hospital or Institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Talbot
City or town.....Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME Alice Marshall

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Robert Marshall

6.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Apr 14 - 1847

8. AGE: Years 97 | Months 11 | Days 2 | If less than one day .....hrs. .....min.

9. Birthplace Burkeville Virginia
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Charles Taylor.
13. Birthplace Virginia

MOTHER 14. Maiden name Mary Grey.
15. Birthplace Virginia

16. Informant Mrs. Essa Salisbury
Address Fredericksburg Va.

17. Buried (Burial, cremation, or removal. Which?) Date thereof May 16, 1945 (month) (day) (year)
Cemetery or crematory Fredericksburg
Location Fredericksburg Va.

18. Funeral director Maurice E. Newman Hoy
Address Easton Md.

19. Mail 16 1945 (Date rec'd by registrar) Joseph Larkin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1945, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1945, to March 16 1945
and that I last saw h.. alive on March 16 1945

Immediate cause of death	DURATION
Chronic Endocarditis	3 yrs
Chronic Interstitial	
Due to Nephritis	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations.....
.....Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H. T. Ary M.D.
M. D. or other
Address Easton Md. Date signed 3/16/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

(13229) Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Outside Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Dutch's
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Richard Henry Meyer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Jean Taylor
6.(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Dec 23 1908

8. AGE: Years	Months	Days	If less than one day
36	2	29	hrs. min.

9. Birthplace Indianapolis Ind. (Town, county, and state)
10. Usual occupation Assistant operation Mgr.
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name William C. Meyer
13. Birthplace Indianapolis, Ind.

MOTHER
14. Maiden name Wilhelmella Nordlett
15. Birthplace Indianapolis, Ind.

16. Informant C. A. Pritchard
Address Glenn L. Martin Co. Balto. Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 3-23-45 (month) (day) (year)
Cemetery or crematory Greenmount Cemetery
Location Balto, Md.

18. Funeral director John D. Williams
Address Easton, Maryland

19. 3/22 1945 M.H. Reese
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1945 at 5.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Airplane Crash	3/21/45
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David Neely MD Deputy Coroner M.D. or other
Address Easton Md Date signed 3/22/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-F

CERTIFICATE OF DEATH

03230 Reg. Dist. No. 290

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Talbot

City or town Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 14 S. Aurora St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Grace A. R. Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Edward A. Miller

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1880

8. AGE: Years 64 | Months 5 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace Talbot County Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John H. Leverton

13. Birthplace Md.

MOTHER

14. Maiden name Ida J. Cummings

15. Birthplace Md.

16. Informant Edward A. Miller

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19, 1945 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director Elle Back

Address Easton Md.

19. 3/17 (Date rec'd by registrar) 1945 N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1945, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1944, to Mar. 1945 and that I last saw her alive on March 16th 1945

	DURATION
Immediate cause of death Cancer of the Uterus with Metastasis to right femur	1 yr.
Due to (a) Diabetes Mellitus	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Seymour M. D. or other

Address Easton Md. Date signed May 17 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03231

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Talbot Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Anabel Moore

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 15. 1864

8. AGE: Years	Months	Days	If less than one day
(81) 80	3	25	..... hrs. ..... min.

9. Birthplace: Greensboro, Caroline County

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: David S. Moore

13. Birthplace: Greensboro Caroline County

MOTHER 14. Maiden name: Annie E. Moore

15. Birthplace: Greensboro Caroline County

16. Informant: Mrs. Irene Hardisty

Address: Easton, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 14-45 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton, Maryland.

18. Funeral director: Earl W. Stafford

Address: Easton, Maryland.

19. 3/13 1945 N.H. Nevius Registrar

(Date rec'd by registrar)

Tried to verify age & Dr. W. Kelly don't know.

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17 1945, at 5:39 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions: Grippe infection	Two

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Louis Mackey M.D. M. D. or other

Address: Easton Date signed 3-17-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

Dr Seymour

03232

Reg. Dist. No. 2-90

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nearly all life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Clara Agneta Mullikin

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Luther T. Mullikin
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1864

8. AGE: Years: 80 | Months: 4 | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Trappe (Rural) Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Arthur C. Mullikin
13. Birthplace: Trappe, Md.

MOTHER
14. Maiden name: Alice E. Harwood
15. Birthplace: Trappe.

19. Informant: Miss Alice E. Mullikin
Address: Easton, Maryland.

17. Burial / (Burial, cremation, or removal. Which?) Date thereof: Mar. 20 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Maryland
18. Funeral director: Maurice E. Meconkey Son
Address: Easton Md.

19. 3/19/45 (Date rec'd by registrar) T. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 18 1945 at 4:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1st 1945, to Mar 18th 1945
and that I last saw h-er alive on March 18th 1945

Immediate cause of death	DURATION
Carcinoma of the Left Breast	1½ Yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

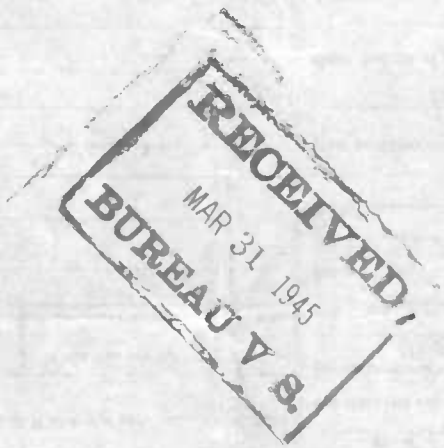
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William S. Seymour M. D. or other
Address: Easton Md. Date signed: 3/20/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
MAR 31 1945
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03233

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town Neavitt Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lillian M. Newnam

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 14 1882

8. AGE: Years	Months	Days	If less than one day
62	8	17	..... hrs. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Mendell
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Herman Fisher
Address Neavitt, Talbot Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 3 1945 (month) (day) (year)
Cemetery or crematory Cemetery
Location Neavitt Md
18. Funeral director Newnam & Harrison
Address St. Michaels Md

19. April 2 1945 (Date rec'd by registrar) John Hurwitz Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1945, at 7 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15, 1944, to March 31, 1945
and that I last saw h[illegible] alive on March 25, 1945

Immediate cause of death	DURATION
Coronary Disease	
Due to Chr. Rheumatoid Arthritis	12 mos
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op. None
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE L. B. Newnam M.D.
M. D. or other
Address St. Michaels Md Date signed 3.31.45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Mrs Mollie & Lad

Elma Johnnie & Ed

Rest Cemetery

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-6)

CERTIFICATE OF DEATH

03234

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Talbot
City or town Easton, Maryland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 106 days
Hospital, institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 106 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton, Maryland (if outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Hattie Prettyman

3.(b) Social Security Number

4. Sex: Female
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Joseph Prettyman
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): March 4, 1884
8. AGE: Years 61 Months 2 3 Days ... If less than one day ... hrs. ... min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Housewifely
11. Industry or business
FATHER 12. Name: Able A Lake
13. Birthplace: New Jersey
MOTHER 14. Maiden name: Mary P Burris
15. Birthplace: New Jersey
16. Informant: Elmer Lake
Address: Near Georgetown Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/29/45 (month) (day) (year)
Cemetery or crematory: Faith Cemetery 3/29 45
Location: Near Georgetown Del
18. Funeral director: Wm T Carey
Address: Georgetown Delaware
19. 3/27 1945 (Date rec'd by registrar) N.H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1945, at 4:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-19 1945, to 3-27 1945
and that I last saw her alive on 3 27 45 19

Immediate cause of death	DURATION
Carcinomatosis	
Due to Carcinoma of Uterus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE M Palmer M. D. or other
Address Easton Md Date signed 3/29/45

VS A15

Evidence for change of age is shown on FILM No. G 95 MAY 21 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13235

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 da.

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline Co.

City or town: Henderson (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mrs. Anna Roughley

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Alfred Roughley

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 17, 1886

8. AGE: Years: 59 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Henderson Md. (Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business

FATHER — 12. Name: Nathan Wells

13. Birthplace: Md.

MOTHER — 14. Maiden name: Sarah Faulkner

15. Birthplace: Md.

16. Informant: Harvey Wells

Address: Henderson Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 8. 45 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. 3/5 1945 (Date rec'd by registrar) N.H. Nevitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1945, at 7:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1945, to March 4 1945 and that I last saw h[illegible] alive on March 4 1945

Immediate cause of death	DURATION
Apoplexy	4 da.
Due to: Hypertension and Cerebral Sclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Easton Md. Date signed: 3/8/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

03236

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Joseph Frank Richardson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary E. Richardson
6.(c) If alive, give age: 79 years
7. Birth date of deceased (mo., day, yr.): Sept. 2, 1872

8. AGE: Years 72 | Months 6 | Days 22 | If less than one day ... hrs. ... min.

9. Birthplace: St. Michaels, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Thomas Richardson
13. Birthplace: Near St Michaels, Md
MOTHER 14. Maiden name: Margaret Harrison
15. Birthplace: Caroline Co., Md.
16. Informant: Mr. George T. Harrison
Address: Trappe, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 26, 1945 (month) (day) (year)
Cemetery or crematory: Sherwood
Location: Sherwood, Md.
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Maryland
19. Mch 25 1945 (Date rec'd by registrar) Joseph A Roe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 24, 1945, at 1:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan., 1944, to March 1945
and that I last saw h... alive on March 24th, 1945

Immediate cause of death	DURATION
Arterio-Sclerosis	8 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: William D. Seymour M. D. or other
Address: Trappe Md Date signed 3/26/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (564)

CERTIFICATE OF DEATH

03237

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot.
City or town: Easton, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 hrs 45 min.
Hospital, Institution, or street address where death occurred:
Memorial Hospital.
How long in hospital or institution? 11 hrs - 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline Co.
City or town: East New Market, Md. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mrs Nellie Seeders.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married.

6.(b) Name of husband ~~or wife~~: Mr William E. Seeders.
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): June 19, 1891

8. AGE: Years: 53 | Months: 8 | Days: 20 | If less than one day: hrs. min.

9. Birthplace: Caroline Co. Md
(Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: —

FATHER
12. Name: Cannon Wright
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Maggie Robinson
15. Birthplace: Caroline Co. Md.

16. Informant: Wm. E. Seeders
Address: East New Market, Md.

17. Buried (Burial, ~~cremation, or removal~~. Which?) Date thereof 3/11/45 (month) (day) (year)
Cemetery or crematory: Concord
Location: Concord, Md.

18. Funeral director: J. J. Frampton Son.
Address: Federalsburg, Md.

19. 3/9 1945 (Date rec'd by registrar) M. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1945 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 8 1945 to Mar. 9 1945 and that I last saw h. alive on Mar 9 1945

Immediate cause of death	DURATION
Collapse	15 hrs.
Due to: acute Secondary Anemia	1 Wk.
Due to: Uterine Bleeding	2 Mos.
Other conditions: Due to: Uterine fibroid cyst. Not due to cancer.	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Easton Md. Date signed 3/10/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

Dr Palmer

03238

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 208 N. Aurora St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
Street No. 208 N. Aurora (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Henrietta Seymour.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6.(b) Name of husband or wife: Herbert T. Seymour
6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): July 27 - 1868

8. AGE: Years: 76 Months: 7 Days: 20 If less than one day: hrs. min.

9. Birthplace: Trappe Talbot Md. (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Silas Sullivan
13. Birthplace: Talbot Co. Md.

MOTHER
14. Maiden name: Mary Kelsby
15. Birthplace: Talbot Co. Md.

16. Informant: Mrs. Percy Tarbutton
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 19 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.

18. Funeral director: Maurice E. Meconkey & Son
Address: Easton, Md.

19. 3/17 1945 N. H. Nevitt Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

Mar 16

20. DATE OF DEATH: March 16 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw her alive on Mar 19 45

Immediate cause of death	DURATION
Cerebrovascular	
Due to: Cerebroma of Uterus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: C. a. of Cervix Date of op. Sept 7 43

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: M. E. Palmer M. D. or other
Address: Easton Md. Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

03239

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 hrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Dreamery Lane
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: James J. Stewart

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife: Josie V. Stewart
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Sept. 19, 1875

8. AGE: Years: 69 | Months: 6 | Days: - | If less than one day: hrs. min.

9. Birthplace: Talbot County, Md.
(Town, county, and state)

10. Usual occupation: Electrical Contractor

11. Industry or business:

FATHER
12. Name: Samuel Howard Stewart
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Stella Richardson
15. Birthplace: Md.

18. Informant: Mrs. Josie V. Stewart
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 22 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.

18. Funeral director: M. Ellis Clark
Address: Easton, Md.

19. 3/24/45 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1945, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1945, to March 19 1945
and that I last saw h alive on 19

Immediate cause of death	DURATION
Ventricular Fibrillation	
Due to Coronary Sclerosis	
Due to Overwork	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Kurt Lederer M.D.
M. D. or other
Address: Queen Anne Date signed 3/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

03240

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Royal Oak
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Royal Oak
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME John H. Sullivan

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	Married

6.(b) Name of husband or wife: Sallie Gullings
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec. 15 - 1885

8. AGE:

Years	Months	Days	If less than one day
59	2	22	....hrs. ....min.

9. Birthplace: Tunis Mills, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm Work
FATHER 12. Name: Henry Sullivan
13. Birthplace: Royal Oak, Md.
MOTHER 14. Maiden name: Sallie Campbell
15. Birthplace: Royal Oak, Md
16. Informant: Sallie Sullivan
Address: Royal Oak, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-12-45 (month) (day) (year)
Cemetery or crematory: St Pauls Cemetery
Location: Royal Oak, Md.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. 3/12 (Date rec'd by registrar) 19 45 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 9, 1945, at 3:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1944 to Mar. 9, 1945
and that I last saw him alive on Mar. 8, 1945

Immediate cause of death	DURATION
Acute Uremia	5 days
Due to: Arteriosclerrotic Nephritis	3 mos.
Due to:	
Other conditions: Hypertension, Glaucoma Generalized Arterio-slcerosis	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓ Date of op.: ✓
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE: T. B. Stewart, M.D. (M. D. or other)
Address: St. Michaels, Md Date signed: 3.10.45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 03241 94

1. PLACE OF DEATH: County: Talbot; City or town: Easton (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? Thirteen years; Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State: Maryland; County: Talbot; City or town: Claytonia (If outside city or town limits, write RURAL and give nearest town); Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Albert F. Dweitzer

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Lois Dweitzer; 6.(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): 1-17-1890

8. AGE: Years	Months	Days	If less than one day
55	2	4	hrs. min.

9. Birthplace: Mac Donaldton Pa. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER — 12. Name: Amil Dweitzer; 13. Birthplace: Solingen Germany

MOTHER — 14. Maiden name: Mate C. Martin; 15. Birthplace: Ecard Mines Pa.

16. Informant: Mrs. Lois Dweitzer; Address: Claytonia Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-24-45 (month) (day) (year)

Cemetery or crematory: Claytonia M. E.

Location: Claytonia Md.

18. Funeral director: Thomas Marshall

Address: St. Michaels

19. 3-24 1945 (Date rec'd by registrar) J. J. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21, 1945, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 21 1945 to Mar 21 1945 and that I last saw him alive on March 21 1945

Immediate cause of death: Malignancy (Cervix Uteri)

DURATION: 9 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Guy W. Reese 2nd M. D. or other

Address: Easton Md. Date signed: 3-24-1945

VS A15

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03242

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death: 45 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Ellen Tilghman

3.(b) Social Security Number: 220-09-1966

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife: George Tilghman
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 13, 1880

8. AGE:

Years	Months	Days	If less than one day
64	4	11	hrs. min.

9. Birthplace: Bellevue Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: George Green
13. Birthplace: Bellevue, Md.

MOTHER
14. Maiden name: Helen Brummel
15. Birthplace: Bellevue Md.

16. Informant: Mrs. Joseph Tingle
Address: 1441 N. Rodney St. Phila. Pa.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 29-1945
(month) (day) (year)
Cemetery or crematory: Odd Fellows Cemetery
Location: Trappe Maryland.
19. Funeral director: Maurice E. Meredith
Address: Easton Maryland.

19. March 29 1945
(Date rec'd by registrar)
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 24 19 45, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Coronary occlusion — DURATION: Immed.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis L. Wetty M.D. Dep Coroner
M. D. or other
Address: Easton Md. Date signed: 3/24/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

03243

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: Brooklets Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Brooklets Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: WORLD WAR #1

3.(a) FULL NAME: HARRY WEBB

3.(b) Social Security Number: 217-03-1096

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan. 13, 1893

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
52	2	18		

9. Birthplace: Easton, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Brick & Plaster worker

FATHER
12. Name: George W. Webb
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Martha Ellen Shepherd
15. Birthplace: Caroline Co. Md.

16. Informant: Sarah Webb Johnson (Sister)
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2, 1945 (month) (day) (year)
Cemetery or crematory: Richards
Location: Easton, Md.

18. Funeral director: R. Ellis Clark
Address: Easton, Md.

19. 4/2 1945 (Date rec'd by registrar) M. H. Meering Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1945, at 4.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1945 to March 31 1945 and that I last saw h[illegible] alive on March 31 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to: Hypertension	1-2 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Raymond T. Dodd M.D. M. D. or other
Address: Easton, Md. Date signed 4/2/45

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16 (16 1a)

CERTIFICATE OF DEATH

03244

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Willey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 23 - 45

8. AGE: Years ~~Feb~~ | Months | Days | If less than one day ..... hrs. 50 min.

9. Birthplace: Easton | Talbot | Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Abel Marshall

13. Birthplace: Wittman

MOTHER 14. Maiden name: Rose Virginia Willey

15. Birthplace: Wittman

16. Informant: Mrs. Lucy Willey

Address: Wittman Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof March 23-45 (month) (day) (year)

Cemetery or crematory: Memorial Hospital

Location: Easton, Md.

18. Funeral director: Memorial Hospital

Address: Easton, Md.

19. 3/23 1945 (Date rec'd by registrar) N.H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 19 45, at 2 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 - 12 3/4 M 19 45, to March 23 - 2 15 19 45, and that I last saw h~~er~~ alive on March 23 19 45

Immediate cause of death	DURATION
Cerebral Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. Lee Baker M.D.
M. D. or other

Address: Easton, Md. Date signed 3/29/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFAILING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

03245

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 days.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 25 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Annes

City or town: Centerville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Maggie Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6.(b) Name of husband or wife: Arthur Wright

8.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Do not know, 1885

8. AGE: Years	Months	Days	If less than one day
59			hrs. min.

9. Birthplace: Queen Anne Co. Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER — 12. Name: Bosse Baldenbaugh

FATHER — 13. Birthplace: Queen Anne Co. Md

MOTHER — 14. Maiden name: Do not know

MOTHER — 15. Birthplace: Queen Anne Co. Md

16. Informant: Joseph Arthur Wright

Address: Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 13-45 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville Maryland

18. Funeral director: Baxter Tull

Address: Centreville, Maryland

19. 3/11 19 45 (Date rec'd by registrar) N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 19 45 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2-14-45 19 to 3-10 19 45

and that I last saw h alive on 3-10 19 45

	DURATION
Immediate cause of death: Pneumonia	
Antecedent cause: Decompensation	
Due to: Chronic Nephritis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Lyle Baker M.D. M. D. or other

Address: Easton, Md Date signed: 3/29/45